Consulting and
ement Services

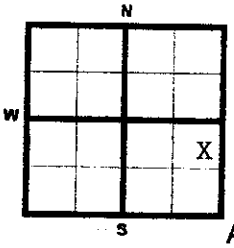
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by_____
Twp_____Rge_____Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

1. WELL TAG NO. D0028548
Drilling Permit No:
Other IDWR No.

2. OWNER **Well Number:** 597
Name HAMMOND, SEAN
Address P.O. BOX 342
City HOT SPRINGS State MT Zip 59845

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 54 ☑ North or ☐ South
Rge. 5 ☐ East or ☑ West
Sec. 36 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County BONNER
Lat: : : Long: : :
Address of Well Site PAISLEY ROAD
City SPIRIT LAKE
(Give at least name of road + Distance to Road or Landmark)
Lt._____ Blk. _____ Sub. Name _____

4. USE:
☑ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement, etc.)
☑ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD
☑ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
DRY GRANULE				
BENTONITE	0	20	5 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 78'
Was drive shoe seal tested? ☐ Y ☑ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Materi	Casing	Liner	Welded	Threaded
6	+2	78	.250	STEEL	☑	☐	☑	☐
4	-63	203	.160	PVC	☐	☑	☑	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☑ Perforations Method SKILL SAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
183	203	1/8 X 6	100	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
75 ft. below ground Artesian pressure_____ lb.
Depth flow encountered 180 ft. Describe access port or control devices: _____

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
7		203	1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: GOOD
Depth first Water encountered 135

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	13	Sandy Lomey Soil	☐	☐
8	13	55	Clayish Soil	☐	☐
8	55	78	Decomposed Brown Granite Soft	☐	☐
6	78	90	Decomposed Brown Granite Soft	☐	☐
6	90	135	Salt & Pepper Granite	☐	☐
6	135	140	Green Granite w/ Water apx. 2-3 gpm	☑	☐
6	140	170	Salt & Pepper Granite	☐	☐
6	170	180	Brown / White & Green Granite w/ ap	☑	☐
6	180	203	Salt & Pepper Granite	☐	☐

COPY

Completed Depth 203 (Measurable)
Date: Started 7/3/03 Completed 7/3/03

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name **H20 WellService, Inc.** Firm No. **448**
Firm Official _____ Date _____
and
Supervisor or Operator _____ Date _____
(Sign Once if Firm Offical and Operator)
(Louie Hanner)